



AUG 05 2002

EXPRESS MAIL # EL 716466871 US

PTO/SB/22 (10-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 70021220.0031															
In re Application of <b>KENISON, Dale C. et al.</b> Application Number <b>09/589,730</b> Filed <b>06/08/2000</b> For <b>GROWTH PROMOTING PHARMACEUTICAL IMPLANT</b> Group Art Unit <b>1616</b> Examiner <b>LEVY, Neil S.</b>																	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 80%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;"><b>\$ 920.00</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$ 460.00</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1126</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). <input type="checkbox"/> Registration number if acting under 37 CFR 1.34(a) <u>48,161</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p style="text-align: center;"><u>08/05/02</u> _____ Date DHAMM1 00000067 09589730 460.00 DP</p> <p style="text-align: right;"><u>Lara Dickey Lewis</u> _____ Signature Lara Dickey Lewis _____ Typed or printed name</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	<b>\$ 920.00</b>	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____															
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____															
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	<b>\$ 920.00</b>															
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____															

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

Total of 1 forms are submitted.

**Burden Hour Statement:** This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/589,730
		Filing Date	06/08/2000
		First Named Inventor	KENISON, Dale C.
		Group Art Unit	1616
		Examiner Name	LEVY, Neil S.
Total Number of Pages in This Submission	4	Attorney Docket Number	70021220.0031

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <b>(+ duplicate copy)</b> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please Identify below):</i>  Firm check for \$460.00 for 3 <sup>rd</sup> month extension of time to file amendment to 02/05/02 Office Action
Remarks		The Commissioner is hereby authorized to charge additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-1126.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	SONNENSCHEIN NATH & ROSENTHAL by Lara Dickey Lewis, Reg. No. 48,161
Signature	
Date	August 5, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231.	
Type or printed name	
Signature	

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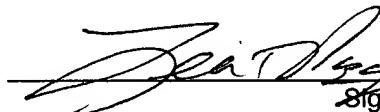
I hereby certify that the following documents:

Transmittal Form (1 pg); Certificate of Mailing by Express Mail (1 pg); Petition for Extension of Time (1 pg) plus a duplicate copy (1 pg); Check for \$460.00 for small entity; and Return Postcard (Amendment was sent under separate cover on 08/02/02)

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On August 5, 2002  
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Lea T. Page  
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Docket No. 70021220.0031